

<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small> </div> <div style="width: 30%;"> SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">091677502</div> </div> <div style="width: 10%;"> FILING DATE </div> </div>													
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> APPLICANT(S) </div> </div>													
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
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44							94						
45													
46													
47													
48													
49													
50													
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	1						TOTAL CL.						